

## Parent/Guardian Signature

Student Health Services: I understand that the Children's Hospital of Austin/AISD School Team ("Health Team") provides school health services in cooperation with AISD staff and give permission for the Health Team, or any AISD employee or staff under the guidance of the Health Team, to provide the described services to the Student as he/she may require while present in school. I understand that, if the Student has a serious injury or illness, I will be contacted and the physician/clinic written on the reverse side and/or Emergency Medical Service (EMS) may be contacted, if necessary. I understand and agree that neither Children's Hospital of Austin or AISD nor their staff will be responsible for any cost involved if the Student needs emergency medical care. I understand and agree that, in order to provide a coordinated system of care, the Health team may exchange health care information about the Student with the Student's physician or other healthcare providers, upon approval by me. I understand and agree that the Health Team may share the Student's health care information with AISD personnel, in accordance with AISD protocol, in order to provide appropriate attention to the Student's medical needs.

Parent Name: \_\_\_\_\_

(Please Print)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



"Camp Covington was great especially the volleyball tournament!"

Amy Bolin



"I loved Camp Covington. The best part was the scavenger hunt because I really got to learn my way around the school."

Courtney Weir

"I liked the games we learned at camp."

Alex Katernick



# Camp Covington

Covington Middle School  
and  
Fine Arts Academy  
Summer Transition Camp  
For  
Incoming Sixth Graders



Camp Covington Participants

August 5-6  
and  
August 7-8

8:30 a.m. - 3:00 p.m.

Questions Contact:  
Cindy Penny  
Camp Coordinator  
512 841-3654